Name in Full: Mary Drusilla Day

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cove Pt. County: Calvert

Date of death 1904 Month: Oct Day: 26 Age: Years: 58 Months: 10 Days: —

Sex: Female Color or Race: White Birthplace: Calvert Co

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married Name of Wife or Husband: Richard E. Humphreys

Father's Name: Joseph Henry Day Father's Birthplace: Calvert Co

Mother's Maiden Name: Margaret D. Ireland Mother's Birthplace: Calvert Co

Name of person giving In formation: Gideon D. Humphreys How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cyperal Debility How long: about 18 mos.

Immediate: Paresis exhaustion How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. F. Chambers MD

Address: Lusby, Calvert Co

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: William Henry Ebb

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frazier; County: Calvert

Date of death 1904: Month: Oct; Day: 25; Age: Years: 14; Months: 10; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Calvert Co, Md

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Frederick Ebb; Father's Birthplace: Calvert Co

Mother's Maiden Name: Elizabeth Brown; Mother's Birthplace: Calvert Co

Name of person giving In formation: Frederick Ebb; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: about 10 mos.

Immediate: Exhaustion; How long:

Are the name, age, sex, colcr. date and place correctly given above? Yes

Signature of Physician: Jas. F. Chambers MD

Address: Lusby, Calvert Co

~~Accident or Suicide?~~

LIBRARY BUREAU A33516

Name in Full: Robert Gray

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumberland; County: Calvert

Date of death 1904: Month: Oct; Day: 23

Age: Years: 2; Months; Days

Sex: Male

Color or Race: Black

Birthplace: Cal. Co.

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name: Samuel Gray

Father's Birthplace: Cal. Co.

Mother's Maiden Name: Bertha Rawlings

Mother's Birthplace: Cal. Co.

Name of person giving Information: Jesse Kent

How related to deceased: none

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis on Kidney

How long: 12 hrs

Immediate: Shock

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Leitch

Address: Cumberland Md

Accident or Suicide? Accident

LIBRARY BUREAU A29316

Name in Full: Sarah Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Plum St. County: Calvert

Date of death 1904: Month: Oct. Day: 29

Age: Years: 60 Months: Days:

Sex: Female Color or Race: Black Birthplace: Cal. Co.

Married, Single or Widowed: Widowed Occupation:

Name of Wife or Husband: Richard Holland

Father's Name: Wm. Offer Father's Birthplace: Cal. Co.

Mother's Maiden Name: Jane Foreland Mother's Birthplace: " "

Name of person giving information: Benj. Coale How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Pulmonary Tuberculosis How long: Years

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. W. Leitch

Address: Huntingtown

Accident or Suicide?

LIBRARY BUREAU A899316

Name in Full: J. Wallis Harrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sunderland — County: Calvert

Date of death 1904: Month: Oct. — Day: 15 — Years: Age 53 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Cal. Co. Md.

Married, Single or Widowed: Married — Occupation: Carpenter

Name of Wife or Husband: Mary Child

Father's Name: George Harrison — Father's Birthplace: Cal. Co. Md.

Mother's Maiden Name: Mary Thomas — Mother's Birthplace: " "

Name of person giving information: Charles Stevens — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis — How long: 10 months

Immediate: with Laryngeal involvement — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Tuttle

Address: Huntingtown Md.

Accident or Suicide?

LIBRARY BUREAU A8P518

Name in Full: Estelle Parker

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): New Market. County: Carroll

Date of death: 1904 October 22 Age: Years 3 Months Months Days

Sex: Female Color or Race: colored Birthplace: Carroll Co Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Baby Name of Wife or Husband: [redacted]

Father's Name: Howard Parker Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Mary A Sucks Mother's Birthplace: Carroll Co Md

Name of person giving Information: Josiah Parker How related to deceased: Grandmother

Thomas Burke

CAUSES OF DEATH

J. M. Fisher

PHYSICIAN OR CORONER

Primary: How long 1 week

Immediate: Convulsions 151 How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jerry Reed

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lonaconing — County: Allegany

Date of death 1904 — Month: Oct. — Day: 23 — Age — Years: 78 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Cub. Co.

Married, Single or Widowed: Wid — Occupation:

Name of Wife or Husband: Not Obtainable

Father's Name: 93 — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Tichenor

Address: Huntingtown

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Saunderland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chaneyville — County: Calvert

Date of death 1904: Month: Oct. — Day: 4

Age: Years: — Months: 16 Mos — Days:

Sex: Male — Color or Race: White — Birthplace: Chaneyville

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Stanley Saunderland — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Ella Lane — Mother's Birthplace: " "

Name of person giving information: Stanley Saunderland — How related to deceased: father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Congenital Malformation — How long:

Immediate: Cyanosis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Tuttle

Address: Huntingtown

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: An infant

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Chesapeake Beach (County) Calvert Co.

Date of death 1904 (Month) Oct. (Day) 26 Age (Years) — (Months) — (Days) —

Sex female Color or Race Black Birthplace Chesapeake Beach

Occupation — Where Residing if not at place of death Chesapeake Beach.

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Elic Wilkerson Father's Birthplace Friendship

Mother's Maiden Name Charlotte Forester Mother's Birthplace Beach

Name of person giving Information Walter B. Rogers. How related to deceased brother-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Still born. How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician I. M. King

Address Chesapeake Beach. Calvert Co., Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Thos. H. Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Battle — County: Calvert

Date of death: Month: Oct — Day: 30 — 1904

Age: Years: 56 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: Battle Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Bettie Hutchins

Father's Name: Geo. R. Williams — Father's Birthplace: Calvert Co.

Mother's Maiden Name: Jane E. Freeman 33 — Mother's Birthplace: " "

Name of person giving information: (Mrs.) T. W. Williams — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal ulcers 1 Mo. & 4 Days — How long: 2 Years

Immediate: Vomiting — How long: 1 Mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. Brown

Address: Prince Md.

Accident or Suicide?

LIBRARY BUREAU AM6516